

Work Order ID 97317

February-14-13 1:50:46 PM

\*97317\*

Page 1

Item ID: D3205-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Back Plate

Stop

\*NS2\*

Start Date: 2/14/13 Start Qty: 5.00 \*5\*

Cust Item ID:

Required Date: 2/27/13 Req'd Qty: 5.00 \*5\*

Customer:

Reference:

Approvals: Process Plan:

RL

Date: 130219

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3205	Rev C
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100

\*100\*

Waterjet

Memo

0.00

9 - 0

Ae  
13.08.13

FLOW CNC Waterjet

6061T6, 250 x 2.00

CUT AS PER DWG

PROG REV: S

DWG REV: C

120

QC2- Inspect parts off machine FAI/FAIB

0.00

\*120\*

QC

Memo

0.00

9 - 0

Ae  
13.08.13

Quality Control

125

\*125\*

Mill Conv

Conventional Milling Machine

Memo

MILL CHAMFER

0.00

0.00



9 - 0

Ae  
13.08.14

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: John Date: 13/09/05QA Closed: OK Date: 13/09/05

Work Order: <u>97317</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS				
Part No. <u>D 3205-3</u>	Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input checked="" type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>	
NCR No. <u>13 - 2978</u>						

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
	<u>13/8/21</u>	<u>100</u>	<u>x9</u>	Holes are tapered from waterjet. Up to Ø0.295 on one side of hole.  Re. operator had <del>short</del> jet offset set too high operator in team.	<u>JP</u>  <u>13.8.21</u>	Acceptable. Backing plate only, functions as washer.	<u>JP</u>  <u>13/8/21</u>	<u>DAS</u> <u>16</u> <u>9-89</u>	<u>DAS</u> <u>16</u> <u>9-89</u>

## FAULT CATEGORY

Landing Gear	General			
Bending	Bend		Ovalized	Pressure/Forced
Centre Not Concentric to O/S	BOM/Route		Over/Under tolerance	Temperature/Cure
Cracks	Broken/Damaged		Part Incorrect	Weld
Crushed/Crimped	Burrs		Part Lost/Missing	Wrong Stock Pulled
Cuffs	Contamination		Part Moved	
Heat Treat	Countersink		Positioned Wrong	
Inspection Strip in Tube	Cut Too Short		Power Loss/Surge	<input checked="" type="checkbox"/> Other
Ripples in Bend	Drill Holes			
Torque Waves in Extrusion	Drawing			
Turning Sequence	Finish			
Wave/Twist in Tube	Folio			

Needs Better training

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\*97317\*

Page 2

Item ID: D3205-3

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Back Plate

Stop

\*NS2\*

Start Date: 2/14/13

Start Qty: 5.00

\*5\*

Cust Item ID:

Required Date: 2/27/13

Req'd Qty: 5.00

\*5\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

127

QC2- Inspect parts off machine FAI/FAIB

0.00

\*127\*

QC

Quality Control

9 - 0

13/08/14

130

QC8- Inspect parts - second check

0.00

DAS

16

889

13/08/21

(79)

\*130\*

QC

Quality Control

140

Chemical Conversion Coat per QSI005 4.1

0.00

\*140\*

HandFinish

Hand Finishing

Memo

0.00

9 - 13/08/22

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>			
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <hr/> <hr/> <hr/>			
										<input type="checkbox"/> Other			

Work Order ID 97317

February-14-13 1:50:46 PM

\*97317\*

Page 3

Item ID: D3205-3

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Back Plate

Stop

\*NS2\*

Start Date: 2/14/13 Start Qty: 5.00 \*5\*

Cust Item ID:

Required Date: 2/27/13 Req'd Qty: 5.00 \*5\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

145

QC7-Inspect Chemical Conversion Coat

0.00

\*145\*

QC

Quality Control

9X Ø m-f 13/08/22

150

Grey Sandtex(Ref:4.3.5.6) per QSI005 4.3

0.00

\*150\*

Powdercoat

Powder Coating

Memo

START TIME:

11:15

0.00

OVEN TEMPERATURE:

3200 F

11:45

9x Ø m-f 13/08/22

160

QC3- Inspect Part Finish

0.00

\*160\*

QC

Quality Control

Memo

0.00

9 x 4 13/08/22

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____		NCR No. _____									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/> <input type="checkbox"/> Other

**Work Order ID 97317**

February-14-13 1:50:46 PM

**\*97317\***

Page 4

Item ID: D3205-3

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Back Plate

Stop

**\*NS2\***

Start Date: 2/14/13

Start Qty: 5.00

**\*5\***

Cust Item ID:

Required Date: 2/27/13

Req'd Qty: 5.00

**\*5\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

170

Identify as per dwg & Stock Location: ST203

0.00

**\*170\***

Packaging

Packaging

9X M. AL. 13-08-22

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Quality Control

Memo

0.00

MLJ 13-08-23MLJ 13-08-22

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

# Picklist Print

February-14-13 10:56:44 AM

Page 1

Work Order ID: 97317

Parent Item: D3205-3

Parent Item Name: Back Plate

Start Date: 2/14/13

Required Date: 2/27/13

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP B05.01.31Revised Step 10KJ/JLM  
23 JLM VERIFIED BY:EC

IPP REV:C AS PER REV B 12-03-

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MI6061T6B0.250X02.000 6061-T6 Bar .250 X 2.00		Purchased	No			f		215.9270		-1.144737		Ac 13-08-13	

Location	Loc Qty	Loc Code
MAT049	215.927	
107436	29.227	
122081	14.7	
123137	100	
123279	72	

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

DART AEROSPACE LTD	Work Order:	97317
Description: Back Plate	Part Number:	D3205-3
Inspection Dwg: D3205	Rev: B C	Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<u>Ak / Hdp</u>	Audited by:	<u>27 Onk</u>	Preliminary Approval:	
Date:	13.08.13	Date:	13.8.14	Date:	

Rev	Date	Change	Revised by	Approved
A	05.02.17	New Issue	KJ/JLM	
B	12.05.14	Dimensions updated per Dwg Rev B	KJ	





